

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23886

FILED
Apr 20, 2006
Secretary of State

Entity Name: ANDERSEN WINDOWS, INC.

Current Principal Place of Business:

551 N. MAINE ST.,
BAYPORT, MN 550031096

New Principal Place of Business:

Current Mailing Address:

551 N. MAINE ST.,
BAYPORT, MN 550031096

New Mailing Address:

FEI Number: 36-3614252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COO () Delete
Name: HUMPHREY, JAMES E
Address: 551 NORTH MAIN ST
City-St-Zip: BAYPORT, MN 55003

Title: VP () Delete
Name: BERNICK, ALAN E
Address: 551 NORTH MAIN ST
City-St-Zip: BAYPORT, MN 55003

Title: VP () Delete
Name: DONALDSON, PHILIP E
Address: 551 NORTH MAIN ST
City-St-Zip: BAYPORT, MN 55003

Title: D () Delete
Name: CARTER, MARY D
Address: 551 NORTH MAINE ST
City-St-Zip: BAYPORT, MN 55003

Title: SVP () Delete
Name: LUND, JAY R
Address: 551 NORTH MAINE ST
City-St-Zip: BAYPORT, MN 55003

Title: DT () Delete
Name: TAYLOR, JAMES K
Address: 551 NORTH MAINE ST
City-St-Zip: BAYPORT, MN 55003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES K. TAYLOR

DT

04/20/2006

Electronic Signature of Signing Officer or Director

_____ Date